DOCUMENT RESUME

ED 135 556 95 RC 009 721

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TITLE A Statistical Portrait of the American Indian in 1976. A Report for the Intra-Departmental Council on Indian Affairs, DHEW, Concerning Current Directions in Employment, Income, Education, and Health Care for the One Million American Indians in the United States.
INSTITUTION Office of Education (DHEW), Washington, D.C. Office of Indian Education.
PUB DATE Sep 76
NOTE 30p.

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS Academic Achievement; Age; *American Indians; Comparative Analysis; Death; Diseases; Dropouts; Economically Disadvantaged; *Education; *Employment; Employment Opportunities; *Health; *Income; Reservations (Indian); *Statistical Data; Youth Opportunities

ABSTRACT

Though 1.3 times the U.S. rate, American Indian mortality has decreased 17% since 1955. About 225 fewer Indians died of tuberculosis in 1974 than in 1955. The incidences of cirrhosis of the liver and diabetes mellitus are both far above the U.S. rates. Otitis media may have peaked at 50,000 new cases per year, but Indian health continues 25 years behind the health of most Americans. Since over 50% of all reservation Indians are under age 19, the Indian youth population significantly affects the aggregate income, employment, and health statistics for Indians. One-half of the 500,000 reservation Indians subsist in poverty, and 50% of these are under age 18. Efforts to ameliorate the income and employment disadvantages of Indian youth through vocational training appear to have failed. By itself, education has not furthered the incomes or job opportunities of Indians of all ages relative to the non-Indian. A stagnation or possible decline in reservation Indian education enrollment has apparently occurred. Increases in Indian enrollment are being absorbed by public schools. The dropout rate among Indians enrolled in Federal, public, and mission schools remains disturbingly high at 35%. Moreover, there were significantly fewer (16%) high school seniors graduating from Federal schools in 1975 than in 1969. (JC)

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A STATISTICAL PORTRAIT OF THE AMERICAN INDIAN IN 1976

A report for the Intra-Departmental Council on Indian Affairs, DHEW, concerning current directions in employment, income, education, and health care for the one million American Indians in the United States.

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and Welfare

September, 1976

RC009721

HEALTH

Mortality

Between 1955 and 1974, infant deaths for Indians and Alaskan natives declined 71 percent, nearly twice the decline for the U.S. total population;[1] the percentage of infants born in a hospital reached 98.8 percent of all Indians and Alaskan native infants;[2] and the maternal death rate (1958-1974) declined over 100 percent, five times the U.S. decline.[3]

However, comparing rates of mortality:

—the infant death rate for Indians and Alaskan natives is 1.1 times greater;[4]

—the maternal death rate 1.6 times greater;[5] and

—the postneonatal (infants 28 days to one-year-old) death rate 2.1 times greater than the U.S. death rate.[6]

Further, the relative improvement in the total Indian and Alaskan native infant death rate (both neonatal and postneonatal) may be ending at a figure that leaves it moderately higher than the U.S. rate. Since 1955, the Indian and Alaskan native rate has declined 40 percent faster than for non-Indians.[7] The current attainment of nearly universal hospital births may retard further neonatal improvements. But one in two Indian and Alaskan native infant deaths occur in the less controllable home environment after leaving the hospital. The continuing presence of impoverished living conditions may mean postneonatal declines will also stagnate. The data foreshadows this -- a 48 percent decline occurred between 1966 and 1971 but only a 17 percent decline between 1971 and 1974.[8]

The overall rate of mortality for Indians and Alaskan natives has decreased 17 percent since 1955.[9] Declines in influenza and pneumonia (67%), certain causes of mortality in early infancy (69%), congenital anomalies (55%), tuberculosis (86%), and enteritis and other diarrheal diseases (83%) have exceeded this rate.[10] Rates for cirrhosis of the liver (225%), diabetes mellitis (27%), homicides (62%), and suicides (115%) have increased.[11]

Accidents and diseases of the heart are the leading causes of death among Indians and Alaskan natives.[12]

In a comparison of age-adjusted death rates, Indian and Alaskan native rates are 1.3 times greater than U.S. figures.[13] However, Indian and Alaskan native mortality by accidents is over three times greater than that of non-Indians; by cirrhosis of the liver nearly 4½ times greater; by influenza and pneumonia 1.5 times greater; by diabetes mellitus nearly twice as great; and by tuberculosis 6½ times greater.[14]

Indian and Alaskan native death rates for major cardiovascular diseases, malignant neoplasms, and bronchitis are less than U.S. rates.[15]

Average life expectancy of birth is 60.7 years for Indian males and 71.2 years for Indian females, compared with 67.1 years and 74.8 years for the U.S. respectively.[16]

Morbidity

A striking increase in sickness has seemingly occurred among Indians and Alaskan natives in the past fifteen years. Paradoxically, the reported

increases in morbidity may be a result in part of increased availability of diagnostic and medical care, and improved data collection. Compared to the 1962 morbidity rate for Indians and Alaskan natives, the 1974 rate for influenza was three times higher; for otitis media over three times higher; for strep throat nearly six times higher; and for hepatitis nearly twice as high.[17] Otitis media has ranked as the leading notifiable disease among Indians and Alaskan natives since 1965, currently followed in order by strep throat, gastroenteritis, influenza, and gonoccocal infections.[18]

The incidence of tuberculosis declined 80 percent between 1951-1971, eight percent faster than the U.S. decline, though the disease still victimizes Indians and Alaskan natives nine times more often than non-Indians.[19] Trachoma, a cause of blindness declined in incidence nearly 60 percent between 1955 and 1971,[20] but 617 per 100,000 Indians and Alaskan natives still contract the disease.[21] Typhoid, diptheria, and bubonic plague, killers long since disarmed by modern medicine, still strike Indians and Alaskan natives in the 1970's.[22]

Some Issues in Indian Health

1. Otitis Media

Though inflammation of the inner ear has virtually disappeared from the larger population, one in ten reservation Indians was afflicted with a new case in 1974.[23] Over 50,000 new cases were reported that year as the incidence of otitis media increased nearly 200 percent from 1962.[24] Recent figures for 1972-74 indicate that the rate may

have plateaued.[25] The 1974 rate declined over ten percent over the previous year but this one year statistic emphatically does not confirm a definite downward trend.[26]

Poverty breeds otitis media. Its source, respiratory infection, freely transmits the disease where crowded housing and poor sanitation coincide. It harms infants most. An attack upon a one-year-old child increases its exposure to future attacks. Eight in ten new cases infect youngsters under age 15.[27]

Eardrum perforation and a growth inside the ear may develop. Of 2,533 Indian children sampled, eight percent had one or two broken eardrums and eleven children had growths.[28] The growth may progress to a brain abscess without surgery. For 5,000 Navajos with otitis media, it has been estimated that 30 years and $4.5 million would be needed to eliminate the backlog of surgery.[29]

2. <u>The Delivery of Health Care</u>

Severe understaffing and underfunding of Indian Health Service hospitals leads to unnecessary injuries and deaths despite the efforts of doctors and staff working 60-80 hour weeks.[30] In 1974, three-fifths of all I.H.S. hospitals lacked proper accreditation and less than one-third met national fire and building codes.[31] Budget constraints frequently restrict admissions to expectant mothers and emergency accident victims.[32] A nursing deficiency, the current ratio of nurses is less than one-half the recommended ratio,[33] has led to the unnecessary deaths of infants who go unfed and the closing of hospital wings for want of sufficient supervision.[34]

Poor transportation and communication within reservation borders hinders health service delivery. Nearly one in three reservation Indians is without a car.[35] Six hospitals serve 140,000 Navajos dispersed in an area the size of West Virginia. When hundreds of miles of dirt roads muddy during winter, helicopters may be used to locate patients.[36] And yet numerous cases are reported where persons are not reached in time. One snowbound mother died of meningitis when a sore throat and chest cold went untreated.[37]

3. Environmental Health

Substandard housing and poor sanitation increase the susceptibility of Indians to infectious diseases. The virus of infectious hepatitis, for example, is excreted in feces. Flies may carry the virus to food or water supplies that are consumed by people. A sample of 381 Indian homes found that:

--one in four Indians lived in homes with fly infestation;

--nearly two in three used water unprotected from contamination or officially judged to be contaminated;

--one in five consumed unsafe water by state criteria.[38]

The 1970 census found that two in three reservation Indian lack running water -- eight times the rate for rural Americans; one in two lack toilets -- 3½ times the rate for rural Americans.[39]

In 1976, over 57,000 units of new and rehabilitated housing are needed to replace existing substandard homes.[40] Three in ten reservation Indians live in severely crowded homes (over 1.5 persons

per room), nearly ten times the percentage for rural Americans.[41] Indians living in unsatisfactory housing need four times more care from I.H.S. hospitals than other Indians.[42]

4. Alcoholism

Alcoholism and alcohol-related problems continue to plague Indians. In 1974, over 400 deaths (or almost seven percent of all Indian deaths)[43] were directly attributed to alcoholism (40%), alcoholic psychosis (60%), or cirrhosis with alcoholism (2%).*[44] Homicides and accidents were triple and suicides double the U.S. rates.[45] The frequency of these problems parallel the prevalence of alcoholism and excessive drinking among Indians. Between 75 to 80 percent of all suicides among Indians are alcohol related.[46] While the Indian suicide rate is double the national rate, among males 15-34 the rate is four times the U.S. rate.[47]

Arrest rates for alcohol-related crimes are suspect. However, in Salt Lake City, Utah, where Indians comprise one-third of the one percent of the population, about 40 percent of the arrests for public intoxication are Indians.[48]

HEALTH--Summary and Conclusions

Indian mortality, though 1.3 times the U.S. rate, has decreased moderately (17%) since 1955. Increased hospital births seem in part responsible for reductions in neonatal, postneonatal, and maternal deaths, and deaths from congenital anomalies. However, the postneonatal rate remains twice

* The total exceeds 100 percent because of rounding error.

the U.S. rate and continued decline in overall infant deaths relative to the U.S. rate may be difficult tc achieve. This may leave Indian rates moderately higher for some time.

Other significant directions in mortality indicate:

—about 225 fewer Indians (45 per 100,000) died of tuberculosis, once the scourge of the Indian people, in 1974, than would have at the 1955 rates.

—the incidences of cirrhosis of the liver and diabetes mellitus are both far above U.S. rates and both are increasing.

A striking increase in sickness among Indians has occurred in the past 15 years according to most morbidity rates. More optimistically:

—otitis media may have peaked at 50,000 new cases per year;

—the incidences of tuberculosis, trachoma, and measles (rubeola) have declined markedly.

Indian health continues 25 years behind the health of most Americans.[49] Increased hospitalization (as with births) and special programs (tuberculosis) have brought certain selective improvements. For many infectious diseases, however, the vast poverty of Indians has caused past health levels to deteriorate and, for postneonatal deaths, it seems to threaten future advances.

INCOME AND EMPLOYMENT

Income

A wide chasm separates the incomes of Indians from those of the remaining population:

—Among people age 16 and over, an Indian male earned a median income of $3,509 and an Indian female earned $1,697.[50] The Indian male figure was almost one-half the non-Indian income of $6,614 while the Indian female earned less than three-fourths the income of the non-Indian female.[51]

—Over one-half of all Indian men earn less than $4,000 (twice the non-Indian rate) while less than ten percent make more than $10,000 (one-third the U.S. percentage).[52]

—Four-fifths of all Indian women earn below $4,000 (1.2 times the U.S. rate) and 1.5% earn over $10,000 (one half of the U.S. percentage).[53]

—Indian families earn a median income of $5,832, three-fifths the U.S. figure of $9,590.[54]

—A reservation family's earnings ($4,649) are nearly $5,000 less than the U.S. median family earnings.[55]

—One in three Indian families earn less than $4,000 (2.3 times the U.S. rate) but one in five earn more than $10,000 (one-half the U.S. proportion).[56]

—One in two Indian reservation families earn below $4,000 (triple the U.S. rate) but only 15% earn above $10,000 (one-third the U.S. proportion).[57]

Among those families with a female head of household:[58]

—the median income of $3,198 is two-thirds the U.S. figure.

—two in three of these families subsist on incomes below $4,000 (1½ times the U.S. rate) but only 15 percent earn more than $10,000 (one-third the U.S. earnings).[59]

Widespread poverty engulfs Indians:

--one in two reservation Indians, and one in three of all Indians, live in poverty.[60] The former is four times, and the latter, three times the U.S. proportion.

--over one-half of all Indian families with a female head live in poverty (nearly twice the U.S. figure).[61]

--one in five of all Indians receives public assistance -- four times the national percentage.[62]

Among persons of all ages living in poverty, a higher percentage of aged are poor among non-Indians than among Indians.[63] This occurs because: 1) Among the young and middle-aged greater relative poverty exists among Indians than non-Indians, and 2) far greater numbers of persons under 18 are found in the Indian population than the non-Indian population.

One finds, therefore, tremendous numbers of young Indians living in poverty. Of all reservation Indians in poverty, nearly one-half are under age 18 and one-third under age nine.

Indians rank last among disadvantaged minority groups in mean family income, $241 below that for blacks and over $4,500 below that for whites.[65]

Comparing urban and reservation incomes among Indians:

--urban men, 16 and over, earn 1.7 times more, and urban families earn 1.6 times more, than rural individuals and families.[66]

--over twice as many reservation as compared to urban Indians live in poverty.[67]

--median urban Indian family income in SMSAs with Indian populations greater than 2,500 varied from $2,500 in Tucson, Arizona to $10,263 in Washington, D.C.[68]

--median reservation family income in reservations with 2,300 or more Indians ranged from $2,500 at the Papago reservation in New Mexico to$6,115 at the Laguna reservation in New Mexico.[69]

--median tribal family income* ranged from $3,434 for the Navajos to $9,064 for the Mohawk, Iroquois.[70]

Employment

The B.I.A. currently estimates unemployment for the 543,897 Indians on or near a reservation to be 37 percent.[71] This includes persons not actively seeking a job. In a reservation labor force of 167,321, there are 61,678 persons unemployed and 30,213 temporarily employed.[72] The rate of "unemployment and underemployment" is 55 percent.[73]

Among seven states that each have 25,000 or more Indians, the unemployment rate for Indians varies from 23 percent in Oklahoma (pop. 85,228) to 63 percent in Alaska (pop. 61,026).[74] The extremes of unemployment and underemployment are also found in Oklahoma and Alaska, 42 and 77 percent, respectively.[75]

Of the 25 reservation states, two (8%) have unemployment rates from 0-20 percent; five (20%) have rates 20-30 percent; twelve (48%) have rates 30-40%, and 21 (8%) have rates over 50 percent.[76]

* The Bureau of the Census distinguishes between "tribal" and "reservation" family incomes as more than one Indian tribe as well as non-Indians may live within a reservation.

For B.I.A. agencies or reservations with more than 2,500 Indians, the unemployment rate ranges from seven percent in the Salt River Agency in Arizona (pop. 2,750) and the Choctaw Agency in Mississippi (pop. 3,379) to 74 percent in the Bethel Agency in Alaska (pop. 12,993).[77] The unemployment and underemployment rate ranges between 29 percent in Salt River to 91 percent in Bethel.[78]

Of 71 reservations or agencies with 1,000 or more residents, 16 (23%) have unemployment rates from 0-23 percent, 21 (30%) between 30-40 percent, 11 (15%) between 40-50 percent, four (6%) between 50-60 percent, five (7%) between 60-70 percent, and six (8%) over 70 percent.[79]

Using 1970 census figures, which tend to undercount Indian jobless more than they undercount the employed and do not include "discouraged" workers who have ceased looking for work, 77% of the national population of males and 41% of the females participated in the labor force. In comparison:

—the Indian percentage (63%) for males was about four-fifths the national figure;[81]

—the percentage for urban Indian men and women (72% and 42%) about equalled the U. S. figures;[82]

—for reservation Indian men and women, the figures (56% and 29%) were three-fourths the national rates.[83]

In 1970, the national male unemployment rate stood at 3.9% and the national female rate at 5.1%.[84] Among Indians:

—the rate for both men (11.6%) and women (10.2%) were twice the U.S. rates, respectively;[85]

--the reservation rate for men (14%) was 3½ times the U.S. rate and the females rate (10.6%) twice the national rate.[86]

Unemployment among Indians disproportionately affects the Indian youth in relation to other age groups:

--male youth 14-15 and 16-19 years old both had unemployment rates exceeding 20 percent and nearly twice the male Indian rate;[87]

--Indian males 20-24 years old had an unemployment rate of 16.2 percent, 1.4 times the overall Indian male rate;[88]

--unemployment for all other age groups was confined between 9.9 and 10.5 percent.[89]

Compared to other disadvantaged minority groups in the United States:

--Indians ranked last among Blacks and Spanish with an unemployment rate double that of either group;[90]

--Indians with vocational training had a higher unemployment rate than either Blacks or Spanish without such training.[91] In fact, for Indians 20-49 years old, the acquisition of such training did not appreciably reduce unemployment rates below those of untrained Indians.[92] It did increase Indian expectations, however, as trained workers entered the labor force in greater numbers than did untrained workers.[93]

--Among married men and male head of households, the Indian unemployment rate was twice that of similar blacks.[94]

In 1970, the national employment rate (labor force participation rate minus the unemployment rate) was 74 percent for men and 39 percent for women.[95] In comparison:

--the Indian male rate was 56 percent with the female rate 31 percent.[96]

--the reservation employment rate was 48 percent for men and 26 percent for women.[97]

--the black male employment rate was ten percent above the Indian rate.[98]

Analyzing these economic statistics in terms of an urban-rural dichotomy, one learns that:

--the urban Indian unemployment rate for males (9.4%) was two-thirds the rural rate (14%) but for females the urban (9.9%) and rural (10.6%) rates were about equal.[99]

--the male urban employment rate (65%) was 1.4 times the rural rate (48%) and the female urban rate (38%) about 1.4 times the rural rate (26%).[100]

Generally, Indians obtain jobs that are less prestigious and lower paying than those of non-Indians:

--The percentage of Indian men and women who are professional and technical workers (14%, 13.4%) is about three-fifths the U.S. percentage for men (25%) and two-thirds for women (19.6%).[101]

--The percentage of Indian men in clerical and sales jobs (8.1%) is three-fifths the U.S. rate (14.5%) and for Indian women, it (29%) is about two-thirds the U.S. rate (41.4%).[102]

—For laborers (excluding farm workers) while the female rates are about equal, the percentage of male Indian laborers (13%) is nearly twice the U.S. figure (6.6%).[103]

—Among farm managers and laborers, the male Indian rate (13%) is 1.8 times the U.S. rate (4.5%) and the Indian female rate (2.3%) nearly three times the U.S. rate (.8%).[104]

Income and Employment --

Summary and Conclusions

Over 50 percent of all reservation Indians are under 19-years-old (over ten percent more than the U.S. figure), while the median age of all reservation Indians is 18.4 compared to 28.8 for the U.S.[105] The presence of these youth in the Indian population significantly affects the aggregate income, employment, and health statistics for Indians.

One-half of the 500,000 reservation Indians subsist in poverty and one-half of these are under age eighteen. This seems at the root of such health statistics as the mortality rates for alcoholism, accidents, and suicides, and incidences of certain infectious diseases. An unemployment rate twice the Indian overall rate exists for Indian teenagers.

Efforts to ameliorate the income and employment disadvantages of youth through vocational training appear to have failed. Among trained Indians, greater numbers enter the labor force but, ironically, fewer get jobs than among untrained Indians.

Education, by itself, has not furthered the incomes or job opportunities of Indians of all ages relative to non-Indians. A white male with no education earns just $123 less annually than an Indian with one to three years of high school.[106] The unemployment rate for Indians with a high school education substantially exceeds that for Puerto Ricans, Mexicans, and blacks with just one to seven years of schooling.[107]

In light of the tremendous numbers of young Indians and the apparent failures of other approaches, a program which specifically targets jobs and money to this structural pocket of poverty among reservation youth would appear to offer the chance for dramatic gains for the aggregate Indian population in income, employment, and health.

EDUCATION

School Census and Enrollment

In 1974, the B.I.A. provided educational services, either directly or by financial aid to public schools, to 209,000 Indian children between the ages of five and 18.[108] The represents a 37.5 percent increase over the 1968 total and a 67 percent increase over the 1961 total.[109]

Of these 209,000 Indians, 91 percent of 190,000 were enrolled in either federal (B.I.A.), public, or mission schools.[110] This percentage exceeds the 1961 figure by just one percent and reflects a three percent decline from 1968.[111] However, those Indian children counted as "not in school" declined by 20 percent since 1968 from 10,000 to 8,000.[112] The drop in enrollment may in part be attributed to an increase in the "no information" category from 3,000 in 1968 to 11,000 in 1974.[113] It would appear that Indian enrollment has remained constant or at best increased slightly since 1968. This conclusion

is based upon the assumption that at least two-thirds of the students in the "no information" category are in fact in school. The national enrollment figures depending upon age vary from about 98 to 99 percent though this falls off for 16-17 year olds by ten percentage points.[114]

The actual number of Indian children enrolled in federal schools increased two percent from 47,000 in 1968 to 48,000 in 1974, but the proportion of the children in federal schools declined from one-third of the total Indian enrollment in 1968 to one-fourth of the total enrollment in 1974.[115] Public school enrollment leaped 52 percent between 1968-1974 and represents 70 percent of all enrolled reservation Indians.[116] The proportion enrolled in mission schools continued unchanged (6%) though this enrollment increased 22 percent in the seven years.[117] Some authorities believe this B.I.A. data to be more accurate than census figures.

Average Number of Years of Schooling

The 1970 census data (no B.I.A. records are kept) reveal that Indians lag behind non-Indians in educational attainment:

--slightly more than one in three of all Indian men and women have an elementary education or less (1.4 times both U.S. figures).[118]

--only 3.5 percent of all Indian men (one-fourth the U.S. proportion) and 2.5 percent of Indian women (one-third the U.S. figure) have four years or more of college.[119]

The statistics are worse for men and women living on the reservation:

--nearly one in two have an elementary education or less[120]

--only one in four have a high school diploma[121]

--only a fraction over one percent have four years or more of college.[122]

The typical Indian man and woman had one and one-half fewer years of schooling than a non-Indian (10.4 to 12.1).[123] For reservation Indians, the median education of a man was 9.4 years and of a woman 9.7 years.[124]

School Achievement

Indian students experience "progressive retardation" -- they fall further behind non-Indian students in achievement as they advance in grade. One study of 14,000 Indians and 10,000 whites found Indians comparing favorably in fourth grade but slipping behind whites thereafter.[125] A study of 400 Sioux and 200 whites found Indians outscoring whites in grades four through six, but falling behind in seventh, and declining from that point on.[126] Progressive retardation was affirmed in the Coleman Report. Indians, though scoring highest among the disadvantaged minorities, trailed whites at all levels tested (1, 3, 6 and 9).[127] The Southwestern Laboratory, in a longitudinal study of 3,550 Indian students, found ninth grade Indians from one to 1.5 grades below the national average but twelfth graders from 2.5 to three grades behind.[128]

Overageness

A high percentage of Indians are overage. One prominent study found that one-half of the pupils studied were overaged in the first grade but by the sixth grade it had increased to three-fourths.[129] A second well known study found a greater incidence of overageness to exist in federal schools than among public schools.[130] For grades one to eight only 14 percent in federal schools were at or below the expected age compared to 59 percent in public schools and 52 percent in mission schools.[131]

The prominence of overageness in federal schools has been attributed to 1) lesser acculteration among students requiring one year to be spent learning English; 2) later school entrance -- many enter at age seven; 3) irregular attendance; 4) a more tolerant policy of retention than that of public schools.[132] A sizeable number of dropouts or "pushouts" from public schools enter federal schools. Among federal schools, on-reservation schools have 2½ times the percentage of children at or below the expected age than boarding schools.[133]

Dropouts

The Indian dropout rate has been estimated to be about 1.5 times the U.S. figure.[134] Two studies of Indian dropouts found the rate to be 39 and 48 percent, respectively.[135] The first used a 30 percent random sample of 1,217 eight graders in a twelve state area.[136] The size of the sample for the second, a stratified random sample of 50 percent of the eligible schools, means the results should be interpreted cautiously.[137] The U.S. rate has been put at 23 or 32 percent by two studies.[138]

B.I.A. statistics indicate:

--an eight percent dropout rate exists in federal schools for kindergarten through twelfth grade students.[139]

--For high school students in federal, public, and mission schools, the dropout rate is 35 percent.[140]

--The percentage of twelfth graders who graduated from federal schools between 1969 and 1975 has declined 16 percent overall, from 89 percent in 1969 to 73 percent in 1975.[141]

Other investigations of Indian dropouts have found:

--in one public school in Minneapolis, the rate was 60 percent.[142]

--the dropout rate for a high school in Alaska was 2½ times the non-native rate.[143]

--A ten-state questionnaire found that one in three Indians in Idaho dropped out by grade three; only 39 percent of those who began in grade one were in attendance for their senior year in high school.[144]

--A study of Indian children in Southern Arizona learned that 20.3 percent of all Indians dropped out between ages 16-18.[145]

Education -- Summary and Conclusions

Recent data point to these developments between 1968 and 1974:

--A stagnation or possible decline in reservation Indian enrollment has apparently occurred

--Increases in Indian enrollment are being absorbed by public schools but not federal schools as the proportion attending the former has grown to nearly three-fourths of all Indians enrolled. The proportion attending federal schools has declined from one-third to one quarter.

Current (1975) statistics indicate that the dropout rate among Indians enrolled in federal, public, and mission schools remains disturbingly high at 35 percent and that significantly fewer (16%) high school seniors are graduating from federal schools in 1975 than did in 1969 as a percentage of total enrollment.

Time foreclosed the opportunity for an adequate search of the academic community for extremely recent monographs on Indian education. As a specialist in Indian education at the Library of Congress stated, such literature remains buried until unearthed during an appropriate Congressional investigation. Much of the material cited here was not available to the Senate Subcommittee on Indian Education which released a report on Indian education in 1969. These studies indicate that Indian students achieve less, attain fewer years of education, drop out more often, and are older at comparable grade levels than students nationally.

Finally, in researching this report I found conflicting descriptions of federal schools as apparently their quality varies greatly throughout the country. I determined, therefore, that this highly controversial issue could not be fairly and accurately studied in the time permitted. Two different views of B.I.A. schools are found in the 1969 report of the Senate Subcommittee on Indian Education and in the 1970 article by Bruce Birchard written for the National Study of American Indian Education.[146]

APPENDIX

EMPLOYMENT -- A NOTE

In examining the unemployment figures for Indians, a note of caution seems appropriate. Experts assume that the 1970 census figures for reservation Indians undercounted their actual numbers: 1) conceptually, the census definition of a reservation Indian excluded those "adjacent to" the reservation where the BIA definition includes these; 2) they probably did not locate significant numbers of isolated Indians on reservations who would tend to be jobless in greater numbers than employed.

One Department of Labor official familiar with Indian unemployment statistics believes the BIA figures to be inflated. The BIA superintendent, sometimes with help from a tribal member, generates his figures using "whatever information is available" (in the language of the BIA). Incentives appear to exist to inflate the figures as allocation of federal monies under the Comprehensive Employment and Training Act depends upon a formula that includes unemployment rates of the reservations. Where the methodology of the census is consistent, those of the tribes and BIA officials may vary widely making comparison or combination of BIA rates tenuous. For a particular reservation, however, the BIA figure may be more accurate than the census as it may be based upon an actual head count recently made by someone familiar with the composition of the reservation.

Moreover, the relevance of the unemployment rate definition used by the Bureau of the Census and the Department of Labor appears questionable when applied to Indians. This definition excludes from the unemployed those who are jobless but not actively seeking work.

An isolated reservation economy may consist solely of seasonal agricultural jobs and a few small commercial activities. Literally no jobs may be available. If no work exists, it cannot be actively sought. This results in substantially lower labor force participation rates for Indians, but under the census definition does not constitute unemployment. In this instance employment rates (labor force participation rate minus unemployment rate) may be more meaningful than a restricted unemployment rate. The broader BIA definition would also appear more valid than the more narrow definition by including those not actively seeking work.

Finally, the large amount of seasonal and part-time employment upon reservations tends to increase the level of underemployment and to cause unemployment rates to oscillate widely as seasonal changes occur.

FOOTNOTES

1. Unpublished Indian Health Service Data Obtained from Mozart Spector, Director, Office of Program Statistics.
2. I.H.S.
3. I.H.S.
4. I.H.S.
5. I.H.S.
6. I.H.S.
7. I.H.S.
8. I.H.S.
9. I.H.S.
10. All figures obtained from unpublished I.H.S. data except the influenza and pneumonia statistics. These figures may be found in Program Analysis and Statistics Branch, Office of Program Planning and Evaluation, Indian Health Service. Indian Health Trends and Services -- 1974 Edition. DHEW Publication No. (HSA) 74-12.009. P.32.
11. I.H.S.
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